

**LETTER HOUSEHOLD MAY HAVE THE SNAP: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
or THE TEMPORARY FAMILY ASSISTANCE (TFA) OFFICE COMPLETE**

STATEMENT OF SNAP/TFA BENEFITS

Name of Child

Name of Parent/Guardian

This statement is to confirm that the child named above received SNAP or TFA benefits at any
point in time between the following dates: _____ to _____.
(Date of meal application) (Response Due Date for Verification.)

The household's case number is: _____.

Signature of SNAP/TFA Official

Date

City

State

Zip Code

Telephone No.: _____

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